



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
08 JAN 28 AM 10:43
CLERK
MACOMB COUNTY CLERK
PT. CLE. 1545, MICHIGAN

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

10/22/00

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

1. Committee I.D. Number 00136911 50		3. This Statement covers From: <u>6-8 2000</u> To <u>10-30-2000</u> Mo Day Year Mo Day Year	
2. Committee Name CITIZEN ASSOCIATION OF RAY TWP (PAC)		4. Committee's Mailing Address PO Box 1 Romeo Mi 48065 Area Code and Phone (810) 995-8491 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
5. Treasurer's Name and Residential Address Cheryl Godbey 21410 31 mile RAY Mi 48096 Area Code and Phone 810-995-8491		Driver License # (Optional)	
6. Treasurer's Business Address PO Box 1 Romeo Mi 48065 Area Code and Phone 810-995-8491		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone Driver License # (Optional)	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIANNUAL STATEMENTS</u> Even Year Odd Year <input type="checkbox"/> April 25 <input type="checkbox"/> January 31 <input type="checkbox"/> July 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 <input type="checkbox"/> October 25 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <input type="checkbox"/> January 31 <input type="checkbox"/> April 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. <input type="checkbox"/> ANNUAL STATEMENT (____ Coverage Year) 8e. <input checked="" type="checkbox"/> PRE-ELECTION OR 8f. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> CONVENTION <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS Date of Election, Convention or Caucus: <u>11 07 2000</u> Month Day Year	
		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. <input type="checkbox"/> <u>DISSOLUTION OF COMMITTEE</u> Effective Date of Dissolution <u>3 PM 2-25-01</u> Month Day Year By checking item 8h, I certify that the committee has no assets or outstanding debts, including late filing fees. <u>Note:</u> The disposition of residual funds must be reported on Schedule 2B and the Summary Page.	

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Cheryl Godbey, Cheryl Godbey Date 10 25 2000
 Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 00136911 50
2. Committee Name Citizens Association of Ray Township
(PAC)

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)		(3a.) \$ <u>4435.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ <u>/</u>	
c. Subtotal of "Contributions"		(3c.) \$ <u>4435.00</u>	(18.) \$ <u>4435.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$ <u></u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>4435.00</u>	(20.) \$ <u>4435.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions		(6a.) \$ <u></u>	
a. Itemized (Schedule 2-IK, Column 7)		(6b.) \$ <u></u>	
b. Unitemized (less than \$20.01 each - no Schedule)			
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ <u>0</u>	(21.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures		(8a.) \$ <u>4435.00</u>	
a. Itemized Direct (Schedule 2B, Column 7)		(8b.) \$ <u></u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)			
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$ <u>143.62</u>	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ <u></u>	
e. Subtotal of Expenditures		(8e.) \$ <u></u>	(22.) \$ <u>143.62</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ <u>3873.33</u>	(23.) \$ <u>3873.33</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>4016.95</u>	(24.) \$ <u>4016.95</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$ <u></u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations		(12a.) \$ <u></u>	
a. Owed by the Committee (Schedule 2E)		(12b.) \$ <u></u>	
b. Owed to the Committee (Schedule 2E)			
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$ <u>0</u> ✓	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + <u>4435.00</u>	
15. SUBTOTAL Add lines 13 and 14		(15.) = <u>4435.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - <u>4016.95</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ <u>418.05</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 00136911-50

2. Committee Name CITIZEN Association of Ray Twp (PAC)

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>FRED DIENER</u></p> <p>Address: <u>19200 29 mile</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>6-1-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>TRUCK DRIVER</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	470.00	470.00
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>ANGIE MELTON</u></p> <p>Address: <u>20411 30 mile</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>6-28-2000</u> <u>9-28-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSE WIFE</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	450.00 118.00 300.00 150.00	3450.00
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>RON WHITE</u></p> <p>Address: <u>19401 31 mile</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>6-28-2000</u> <u>9-21-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Law Maintenance</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	250.00 140.00	390.00
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>CECIL Schoeweher</u></p> <p>Address: <u>62625 Wilcott</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>6-28-2000</u> <u>9-25-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Farmer</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	300.00 150.00	450.00
<p>Page Subtotal</p> <p>Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>	1760.00	

Enter this total
on line 3a of
Summary
Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 00136911-50
2. Committee Name CITIZENS ASSOCIATION of Ray Township

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>Kevin Brown</u></p> <p>Address: <u>18955 29 mile</u> <u>Ray Mi 48096</u></p> <p>4. Date of Receipt <u>9-21-2000</u> <u>9-28-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Trucking</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>275.00</u> <u>150.00</u>	<u>\$425.00</u>
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>Rebecca Dearing</u></p> <p>Address: <u>18520 28 mile</u> <u>Ray Mi 48096</u></p> <p>4. Date of Receipt <u>10-25-2000</u> <u>10-10-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>250.00</u> <u>220.00</u>	<u>470.00</u>
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>Quality Furniture</u></p> <p>Address: <u>31 mile</u> <u>RAY Mi 48096</u></p> <p>4. Date of Receipt <u>10-14-2000</u> <u>9-28-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>100.00</u> <u>200.00</u>	<u>300.00</u>
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>DEAN RICHART</u></p> <p>Address: <u>6797 Hartway</u> <u>RAY Mi 48096</u></p> <p>4. Date of Receipt <u>7-17-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Truck</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<u>400.00</u>	<u>400.00</u>
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		<u>1595.00</u>

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 00136911 - 50
2. Committee Name CITIZEN ASSOCIATION OF RAY TWP (PAC)

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>KEN GOIKE</u></p> <p>Address: <u>22446 32 mile</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>9-28-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Trucker</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		200.00	200.00
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>ROBERT METZ</u></p> <p>Address: <u>65491 Hartway</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>10-10-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Farmer</u> Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		440.00	440.00
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: <u>Debbie Finlay</u></p> <p>Address: <u>21133 30 mile</u> <u>RAY MI 48096</u></p> <p>4. Date of Receipt <u>10-10-2000</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>Self</u></p> <p>Business Address <u>See above</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		440.00	440.00
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>Name: _____</p> <p>Address: _____</p> <p>4. Date of Receipt _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			

Page Subtotal
Grand Total of All Schedules 2A
(Complete on last page of Schedule)

1080.00
4435.00

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 00136911-50

2. Committee Name CITIZEN Association of Ray Township PAC

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name: <u>Rick Rappitt</u> Address: <u>19220 32 mile RAY MI 48096</u> <u>Rick Rappitt</u> Name of Candidate <u>Supervisor</u> Office Sought & District # or Jurisdiction <u>Macomb</u> County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased -LOAN Description <u>mailing of flyers</u> 5. DATE OF EXPENDITURE: <u>8-2-2000</u> 6. VENDOR NAME & ADDRESS: <u>Postmaster</u>	143.62		143.62
Expenditure #2 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased -LOAN Description 5. DATE OF EXPENDITURE: 6. VENDOR NAME & ADDRESS:			
Expenditure #3 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased -LOAN Description 5. DATE OF EXPENDITURE: 6. VENDOR NAME & ADDRESS:			
Page Subtotal		143.62		
Grand Total of all Schedules 2B-2 (Complete on last page of Schedule)				

Enter this total
on line 8c of the
Summary Page

Enter this total on
line 11 of the Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 0086091150
2. Committee Name CITIZENS ASSOCIATION OF RAY TWP

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

3. Name and address of person or vendor paid	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>API Promotional</u> <u>PO Box 518</u> <u>74135 Church Street</u> <u>Armada mi 48005</u> 4. Purpose: <u>Signs</u> Expenditure Code: <u>SA</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>SEE ATTACHED (SLATE)</u> Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal <u>Macomb</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>10-8-2000</u> <u>10-29-2000</u> <u>10-3-2000</u> <u>11-18-2000</u>	<u>300.00</u> <u>897.80</u> <u>1061.25</u> <u>5512</u>	<u>2314.17</u>
Expenditure #2 <u>Mail box Ect</u> Name & Address: <u>64155 Vandyke</u> <u>WASHINGTON TWP</u> <u>MI 48095</u> 4. Purpose: <u>Signs</u> Expenditure Code: <u>PA</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>SEE ATTACHED (SLATE)</u> Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal <u>Macomb</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>8-4-2000</u> <u>10-10-2000</u> <u>10-12-2000</u> <u>10-26-2000</u>	<u>190.90</u> <u>430.36</u> <u>153.76</u> <u>178.08</u>	<u>952.94</u>
Expenditure #3 Name & Address: <u>Post Masters</u> <u>119 Church Street</u> <u>ROMEO MI 48065</u> 4. Purpose: <u>Mailing</u> Expenditure Code: <u>MA</u> Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>	5. <u>SEE ATTACHED (SLATE)</u> Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal <u>Macomb</u> County <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>8-4-2000</u> <u>8-4-2000</u> <u>10-13-2000</u> <u>8-28-2000</u> <u>10-30-2000</u>	<u>443.62</u> <u>143.62</u> <u>159.49</u> <u>143.62</u> <u>159.49</u>	<u>606.22</u>

Subtotal this page
Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

3857.46 3873.33

Enter this total
on line 9 of the
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

FILED
02 JAN 28 AM 10:43
FOR OFFICIAL USE ONLY

1. Committee I.D. Number 00136911 50		3. This Statement covers From 10/23/00 To 11/27/00	
2. Committee Name Citizens Association of Ray Twp PAC		4. Committee's Mailing Address P.O. Box 1 Romulo MI 48065 Area Code and Phone 810 995 8491 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	
5. Treasurer's Name and Residential Address Cheryl Godbey 19600 29 mile Ray mi 48096 Area Code and Phone 586-405-1596			
6. Treasurer's Business Address Area Code and Phone		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone	
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIENNIAL STATEMENTS</u> Even Year Odd Year <input type="checkbox"/> April 25 <input type="checkbox"/> January 31 <input type="checkbox"/> July 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 <input type="checkbox"/> October 25 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <input type="checkbox"/> January 31 <input type="checkbox"/> April 25 <input type="checkbox"/> July 25 <input type="checkbox"/> October 25 8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. <input type="checkbox"/> ANNUAL STATEMENT (Coverage Year) 8e. <input type="checkbox"/> PRE-ELECTION OR 8f. <input checked="" type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> CONVENTION <input type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS Date of Election, Convention or Caucus: _____ APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			

Cheryl Godbey

Cheryl Godbey 1



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136911 50
2. Committee Name Citizens Association of Ray Township
PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)			
	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)			
	(5.) \$		(20.) \$
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)			
	(7.) \$		(21.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	418.05	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$		
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$		
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$		
e. Subtotal of Expenditures	(8e.) \$	418.05	(22.) \$ 418.05
9. Independent Expenditures (Schedule 2B-1, Column 7)			
	(9.) \$		(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)			
	(10.) \$	418.05	(24.) \$ 418.05
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)			
	(11.) \$		(25.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$		
b. Owed to the Committee (Schedule 2E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)			
	(13.) \$	418.05	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)			
	(14.) +	0	
15. SUBTOTAL Add lines 13 and 14			
	(15.) =	418.05	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)			
	(16.) -	418.05	
17. ENDING BALANCE (Subtract line 16 from line 15)			
	(17.) \$	0	*

*If your ending balance is negative, please recheck your math.



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

2. Committee Name Citizens Association of Ray Two

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: <u>Post Masters</u> <u>119 Church St</u> <u>Romulus Mi 48065</u> 4. Purpose: <u>mailing</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction <u>Macomb</u> County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/9</u> Date	<u>\$ 143.60</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #2 Name & Address: <u>Post Masters</u> <u>119 Church St</u> <u>Romulus Mi 48065</u> 4. Purpose: <u>mailing</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction <u>Macomb</u> County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/15/00</u> Date	<u>\$ 159.49</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #3 Name & Address: <u>Mail Box Etc.</u> <u>441555 Van Dyke</u> <u>Washington Mi 48095</u> 4. Purpose: <u>Thank You flyers</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction <u>Macomb</u> County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>12/3/00</u> Date	<u>\$ 114.96</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #4 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	_____ Date	\$ _____ \$ _____	Click Here for Memo Itemization Type

418.05

4/8/05

Page _____ of _____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

FILED
03 JAN 28 AM 10:42

FOR OFFICIAL USE ONLY

1. Committee I.D. Number 00136911 60		3. This Statement covers From <u>11/28/00</u> To <u>12/31/01</u>																			
2. Committee Name Citizens Association of Ray Twp PAC		4. Committee Mailing Address Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.																			
5. Treasurer's Name and Residential Address Cheryl Godbey 19600 29 Mile Ray Mi, 48096 Area Code and Phone (586) 405-1596																					
6. Treasurer's Business Address Area Code and Phone _____		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____																			
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIANNUAL STATEMENTS</u> <table border="0"><tr><td>Even Year</td><td>Odd Year</td></tr><tr><td><input type="checkbox"/> April 25</td><td><input type="checkbox"/> January 31</td></tr><tr><td><input type="checkbox"/> July 25</td><td><input type="checkbox"/> July 25</td></tr><tr><td><input type="checkbox"/> October 25</td><td><input type="checkbox"/> October 25</td></tr></table> 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <table border="0"><tr><td><input type="checkbox"/> January 31</td><td><input type="checkbox"/> April 25</td></tr><tr><td><input type="checkbox"/> July 25</td><td><input type="checkbox"/> October 25</td></tr></table> 8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		Even Year	Odd Year	<input type="checkbox"/> April 25	<input type="checkbox"/> January 31	<input type="checkbox"/> July 25	<input type="checkbox"/> July 25	<input type="checkbox"/> October 25	<input type="checkbox"/> October 25	<input type="checkbox"/> January 31	<input type="checkbox"/> April 25	<input type="checkbox"/> July 25	<input type="checkbox"/> October 25	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. <input checked="" type="checkbox"/> ANNUAL STATEMENT (<u>2001</u> Coverage Year) 8e. <input type="checkbox"/> PRE-ELECTION OR 8f. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <table border="0"><tr><td><input type="checkbox"/> PRIMARY</td><td><input type="checkbox"/> GENERAL</td></tr><tr><td><input type="checkbox"/> CONVENTION</td><td><input type="checkbox"/> SCHOOL</td></tr><tr><td><input type="checkbox"/> SPECIAL</td><td><input type="checkbox"/> CAUCUS</td></tr></table> Date of Election, Convention or Caucus: _____		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> GENERAL	<input type="checkbox"/> CONVENTION	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> CAUCUS
Even Year	Odd Year																				
<input type="checkbox"/> April 25	<input type="checkbox"/> January 31																				
<input type="checkbox"/> July 25	<input type="checkbox"/> July 25																				
<input type="checkbox"/> October 25	<input type="checkbox"/> October 25																				
<input type="checkbox"/> January 31	<input type="checkbox"/> April 25																				
<input type="checkbox"/> July 25	<input type="checkbox"/> October 25																				
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> GENERAL																				
<input type="checkbox"/> CONVENTION	<input type="checkbox"/> SCHOOL																				
<input type="checkbox"/> SPECIAL	<input type="checkbox"/> CAUCUS																				
		APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. <input type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.																			
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.																					
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.																					
Current Treasurer or Designated Record Keeper Cheryl Godbey Type or Print Name		Signature <u>Cheryl Godbey</u> Date _____																			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136911 50

2. Committee Name Citizens Association of Ray Twp PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)		(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"		(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)		(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)		(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures		(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)		(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)		(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14		(15.) = <u>0.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ <u>0.00</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

FILED
08 JAN 28 AM 10:42
CLERK
MICHIGAN

FOR OFFICIAL USE ONLY

3. This Statement covers From 1/1/02 To 12/31/02

1. Committee I.D. Number

00136911 60

2. Committee Name

Citizens Association of Ray Twp PAC

4. Committee's Mailing Address

Area Code and Phone _____

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Cheryl Godbey
19600 29 Mile
Ray Mi, 48096

Area Code and Phone (586) 405-1596

6. Treasurer's Business Address

Area Code and Phone _____

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus: _____

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution _____

By checking this item, I/We certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Cheryl Godbey
Type or Print Name

Signature

Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136911 50

2. Committee Name Citizens Association of Ray Twp PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)		(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"		(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)		(6a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)		(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)		(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures		(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)		(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)		(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14		(15.) = <u>0.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ <u>0.00</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 1/1/03 To 12/31/03

1. Committee I.D. Number

00136911 60

4. Committee's Mailing Address

Area Code and Phone _____

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

2. Committee Name

Citizens Association of Ray Twp PAC

5. Treasurer's Name and Residential Address

**Cheryl Godbey
19600 29 Mile
Ray Mi, 48096**

Area Code and Phone **(586) 405-1596**

6. Treasurer's Business Address

Area Code and Phone _____

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus: _____

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution _____

By checking this item, I/We certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or **Cheryl Godbey**
Designated Record Keeper Type or Print Name

Signature

Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136911 50

2. Committee Name Citizens Association of Ray Twp PAC

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$	<u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	<u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	<u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	<u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$	<u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	<u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) =	<u>0.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	<u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0.00</u>	*

*If your ending balance is negative, please recheck your math.